

**Provider Type 48 Home and Community Based Waiver for the Frail Elderly
Reimbursement Rates**

Updated: February 11,2010

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Procedure Code	Description	Modifier	Rate	Rate Begin Date
S5100	ADULT DAYCARE SERVICES 15MIN		\$1.67	1-Jan-80
S5102	ADULT DAY CARE PER DIEM		\$40.00	1-Jan-80
S5120	CHORE SERVICES PER 15 MIN		\$3.75	1-Jan-80
S5130	HOMAKER SERVICE NOS PER 15M		\$3.75	1-Jan-80
S5135	ADULT COMPANIONCARE PER 15M		\$2.00	1-Jan-80
S5150	UNSKILLED RESPITE CARE /15M		\$2.50	1-Jan-80
S5151	UNSKILLED RESPITECARE /DIEM		\$65.00	1-Jan-80
S5160	EMER RESPONSE SYS INSTAL&TST		\$45.00	1-Jan-80
S5161	EMER RSPNS SYS SERV PERMONTH		\$40.00	1-Jan-80
S9470	NUTRITIONAL COUNSELING, DIET		\$56.10	1-Aug-04
S9470	NUTRITIONAL COUNSELING, DIET	TN	\$65.45	1-Aug-04
T1016	CASE MANAGEMENT-Public Entity		\$25.75	1-Jul-05
T1016	CASE MANAGEMENT-Private Entity		\$15.84	1-Mar-08